



Guidance on Healthcare Facility Transfers in the COVID-19 Pandemic

HAWAII DEPARTMENT OF HEALTH

Summary and Actionable Items:

- Only medically stable COVID-19 patients should be transferred from acute to long-term care facilities (LTCFs) which show readiness to accept.
- LTCFs should not transfer patients with suspected or confirmed COVID-19 infection unless medically indicated.
- All patients with lab-confirmed COVID-19 should be appropriately isolated with contact and droplet precautions.
- LTCFs must be prepared to receive patients diagnosed with COVID-19 from acute care settings by checking supplies of personal protective equipment (PPE) and the means to test patients.

Background: Long-term care facilities (LTCFs), nursing homes, skilled nursing facilities (SNFs), and assisted living facilities, provide care to populations most susceptible to COVID-19. The following information provides interim guidance for transfers and continuity of care from the acute care setting to LTCFs. Material below is adapted from the Chicago Department of Public Health.

Acute care to LTCFs Transfer Guidance:

Transition of patients to lower acuity settings should occur once patients are deemed medically stable in the following scenarios:

- **Patients for whom there is no clinical suspicion of COVID-19:** Reasonable for transfer to LTCF
- **Patients who have been evaluated for COVID-19 and have negative laboratory testing results:** If patient has tested negative for COVID-19 and for influenza A/B and meets hospital criteria for discharge, then it is acceptable to transfer to LTCF
- **Patients who have tested positive for COVID-19:** LTCFs may accept residents diagnosed with COVID-19 and who remain under Transmission Based Precautions for COVID-19 only if the individual facility can follow CDC guidance for Droplet and Contact Precautions. If a LTCF cannot,¹ any transfer must wait until these precautions are discontinued. Transmission based precautions may be discontinued as long as the individual has had improved respiratory function and the following applies:
 - At least 3 days (>72 hours) have passed since last fever, without the use of fever-reducing medicine, OR
 - At least 10 days have passed since symptoms first appearedWHICHEVER IS LONGER

In both instances, there should be improvement in respiratory symptoms (e.g., cough, shortness of breath). This guidance also applies to people who have symptoms of COVID-19 (fever AND cough or shortness of breath) but who have not been tested for the virus.

- **Patients under investigation (PUI) for COVID-19 who have pending results:** PUIs are NOT to be transferred to LTCFs until test results are available.

ALL acute care hospitals should actively triage patients being hospitalized with respiratory symptoms consistent with COVID-19 and order testing when indicated. Infection prevention measures should be implemented at the time of admission to reduce risk of hospital associated COVID-19. It is NOT expected that acute care facilities perform COVID-19 testing while making discharge considerations. However,

¹ There is anticipated reduction in acute care facility capacity. Therefore, at this time, all LTCFs should prepare to accept a patient requiring strict contact and droplet precautions.

were the patient to develop new symptoms during their stay, an initial negative COVID-19 test does not preclude further testing as clinically indicated.

Frequently Asked Questions:

What should hospitals communicate to LTCFs when seeking to transfer patients with laboratory-confirmed COVID-19?

Hospital discharge planners shall provide advanced notice to the LTCF regarding the positive COVID-19 results. Discharge planning should include clear instructions to the LTCF about the anticipated need for contact and droplet isolation precautions.

What should LTCFs do NOW to prepare for suspected or confirmed COVID-19 cases?

- All healthcare personnel should be screened for respiratory symptoms and fever before starting each shift.
- Flexible sick leave policies should be implemented which allow all ill personnel to stay home without punitive repercussions.
- LTCFs should only transfer patients to higher acuity healthcare facilities if it is deemed medically indicated based on the patient's clinical condition. ALL transport personnel and the receiving facility should be notified about the suspected diagnosis before transfer.
- LTCFs should monitor their current PPE supply continuously and ensure they have enough PPE (i.e., gowns, gloves, face masks, and face shields/goggles) to care for residents requiring contact and droplet precautions.
- LTCFs should prepare for ALL patients in their facility to have access to daily laundered simple cloth face coverings.
- LTCFs should emphasize 6-foot social distancing applied to all interactions in the facility outside of patient care.
- LTCFs that care for ventilated patients should ensure staff are respiratory fit-tested and there is adequate availability of N95 respirator masks for use during aerosol-generating procedures.
- LTCFs must confirm they have the means to test their residents for COVID-19 if indicated.
 - Several commercial and hospital-based laboratories are now offering COVID-19 testing.
 - Facilities should engage commercial laboratories to establish the ability to test specimens collected from facility residents.

How should LTCFs prepare for transfers of patients with laboratory-confirmed COVID-19?

LTCFs must determine if the resident needs continued droplet and contact isolation precautions once admitted to their facility. This decision is best made in collaboration and communication with the transferring acute care facility and the patient's primary physician or APRN. ALL laboratory-confirmed COVID-19 residents should remain on droplet and contact isolation precautions for at least 3 days (>72 hours) since last fever, without the use of fever-reducing medicine AND At least 7 days since symptoms first appear AND other symptoms (for example cough or shortness of breath) have improved.

For those patients who are deemed immunocompromised, consider extending droplet and contact precautions. ALL lab-confirmed COVID-19 residents should be placed in a private room or grouped with other patients with confirmed COVID-19 in the same room. LTCFs should restrict nonessential healthcare personnel and dedicate staff to the care of laboratory-confirmed COVID-19 residents.